



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036  
PHONE 208-334-6626  
FAX 208-364-1888

February 12, 2009

Rene Stephens, Administrator  
Clear Creek Home  
1411 Falls Avenue East Suite 703  
Twin Falls, Idaho 83301

RE: Clear Creek Home, provider #13G074

Dear Ms. Stephens:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Clear Creek Home, on February 4, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Rene Stephens, Administrator  
February 12, 2009  
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Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **February 25, 2009**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in cursive script, appearing to read "Eric Mundell".

ERIC MUNDELL, REHS  
Health Facility Surveyor  
Facility Fire Safety and Construction Program

EM/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 02/11/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G074</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/04/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>CLEAR CREEK HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>797 CASWELL WEST TWIN FALLS, ID 83301</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  The facility is a single story, Type V(000) construction. It is a duplex dwelling with a Type 13 R sprinkler system with Quick Response heads. It was licensed in 2006, has a complete fire alarm/smoke detection system and is currently licensed for 8 ICF/MR beds.  The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on February 4, 2009. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies, Impractical Evacuation Capability and 42 CFR 483.470 (j).  The Survey was conducted by:  Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program	K 000		
K0145	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD  All facilities are protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.2. Quick response or residential sprinklers are provided.  Exception No. 1: In conversions, sprinklers are not required in small board and care homes with a rating of prompt evacuation capability and serving eight or fewer residents.  Exception No. 2: Standard response sprinklers are permitted for use in hazardous areas in accordance with 32.2.3.2.	K0145	RECEIVED  MAR 23 2009  FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE  Administrator	(X6) DATE 3/18/09
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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K0145	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Based on observation and record review, it was determined that facility had not ensured that the automatic fire sprinkler system had been inspected annually as required. The findings include:</p> <p>Observation on February 4, 2009 at 11:15 a.m. disclosed that an inspection tag normally utilized by a sprinkler inspection contractor was not affixed to the sprinkler riser indicating that an inspection may not have been completed on the sprinkler system. Record review on February 4, 2009 at 11:30 a.m. disclosed that an inspection was completed, but the inspection took place at another location (Blake Street) which was the former facility location prior to opening the new facility located on Caswell. Although an inspection had taken place at the old facility, the new location had not been inspected in 2008.</p>	K0145	<p>This was remedied 2/12/09 by Viking Sprinklers. We did not look closely enough at the paperwork that stated Clear Creek Home, but included the Blake St. address. The facility manager will be responsible for collecting these inspections yearly in addition to the Administrator. This will identify that each location has had an inspection as is required.</p>		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G074</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/04/2009</b>
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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story, Type V(000) construction. It is a duplex dwelling with a Type 13 R sprinkler system with Quick Response heads. It was licensed in 2006, has a complete fire alarm/smoke detection system and is currently licensed for 8 ICF/MR beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on February 4, 2009. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board &amp; Care Occupancies, Impractical Evacuation Capability, 42 CFR 483.470 (j) and IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF-MR).</p> <p>The Survey was conducted by:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	M 000	<p>RECEIVED</p> <p>MAR 23 2009</p> <p>FACILITY STANDARDS</p>	
MM309	<p>16.03.11.110 Fire and Life Safety Standards</p> <p>Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by:</p> <p>Refer to Federal CMS form 2567 and K tag K145 in reference to annual inspections of automatic fire sprinkler systems.</p>	MM309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Kene Stephens*

*Administrator*

*3/18/09*